

**Program Summary
Department of Health Services
Arizona State Hospital**

Program Overview

The Arizona State Hospital (ASH) provides treatment and rehabilitative services to the most severely mentally ill persons in the state. These services can be categorized into 4 distinct treatment areas: Civil, Forensic, Restoration to Competency, and Sexually Violent Persons.

ASH (originally deemed as the Insane Asylum of Arizona in 1885 by the 13th Territorial Legislature) opened for business in 1887 on the 93-acre campus located at 24th Street and Van Buren in Phoenix. In addition to therapeutic treatment, ASH also provides basic medical and dental care for all patients, including on-site radiology, well-woman exams, and teeth cleanings.

In July 2002, the new inpatient 16-bed adolescent facility opened and in February 2003, the new inpatient 200-bed adult civil facility opened for business. These 2 buildings are the first new treatment facilities built on the premises since 1952, when the buildings currently occupied by the Restoration to Competency and Sexually Violent Persons Programs and the Forensic Hospital were constructed.

In FY 2006, the overall ASH budget totaled \$67.4 million and the total census was 367 patients. For FY 2007, ASH has a total budget of \$73.8 million.

Civil Facility

The Adult Civil Behavioral Health Facility and the Adolescent Behavioral Health Facility serve the seriously mentally ill adult and adolescent patients who are court-ordered to ASH for treatment. Once minors turn 18 years old, they are transferred from the adolescent facility to the adult unit. In FY 2006 the adult civil census was 108 patients. This represents a decrease of (20)% from FY 2005 and a decrease of (24)% from FY 2002. During FY 2006 the adolescent civil census was 7 patients. This level represents an increase of 16.7% above FY 2005 but a decrease of (41.7)% below FY 2002.

Forensic Facility

The Forensic Hospital houses patients that have been charged with crimes and found not guilty by reason of insanity or guilty but insane. Rather than being sent to prison, these patients are sent to ASH where they receive traditional therapy and medication and may be released if they are deemed

no longer a threat to themselves or those around them. There were 102 forensic patients in FY 2006. This is a 12.1% increase over the number of patients in FY 2005, but a (12.8)% decrease from FY 2002.

Restoration to Competency

The Restoration to Competency (RTC) Program provides treatment for patients who have been charged with a crime but found to be unfit to stand trial. These patients receive traditional therapy and medication in addition to information about trial processes and their role in participating in their own defense. Once a patient is deemed competent to stand trial, they are returned to the originating county to proceed with prosecution. During the last fiscal year there was an average of 30 patients in the RTC Program. This represents a (18.9)% decrease from FY 2005. However, from FY 2002 to FY 2006 the RTC patient census increased by 7.1%.

Sexually Violent Persons

The Sexually Violent Persons (SVP) Program is administered by the Department of Health Services (DHS) and ASH. A SVP is defined as a person that has been found guilty of a sexually violent offense, and has a mental disorder that makes that individual likely to re-offend. Once at the SVP unit, the individual receives an evaluation and a treatment plan is developed. Once a patient is determined to no longer be a risk, they are re-integrated into the community through the use of supervised neighborhood outings and special placement housing. In FY 2006 there were 120 patients completed in the SVP Program. This represents a 14.39% increase over FY 2005 and a 14.3% increase over FY 2002.

Table 1 contains historical patient census data for each of the treatment areas using data from FY 2002 – FY 2006.

As seen by the chart, the overall ASH patient census has decreased from 404 in FY 2002 to 367 in FY 2006, a (9.2)% decrease. Although certain individual treatment areas have seen modest increases since the last fiscal year, the overall trend for most programs shows a significant decrease in since FY 2002, with only one treatment area, RTC, increasing by 7.1%. During the same time, the Census Bureau estimates that the population of

Table 1**Population History for ASH by Fiscal Year**

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
Civil					
Adult	142	150	156	135	108
Adolescent	12	13	12	6	7
Forensic	117	94	88	91	102
RTC	28	55	56	37	30
SVP	<u>105</u>	<u>143</u>	<u>105</u>	<u>105</u>	<u>120</u>
Total	404	455	417	374	367

Arizona grew by approximately 10.6% from 5,438,159 to 6,016,116.

As a result of the on-going *Arnold v. Sarn* lawsuit and recent developments in mental health standards of care, DHS has prioritized providing more treatment in community housing settings rather than traditional inpatient institutional care. As an exit stipulation required by the lawsuit, DHS has agreed to provide 300 community living arrangements for non-forensic patients from Maricopa County. These patients are supervised by the Regional Behavioral Health Authorities (RBHAs) and are not reflected in the ASH census. Therefore, this policy shift may explain the overall decreases seen in the civil patient census since FY 2002.

Program Funding

ASH is funded through the General Fund, other appropriated funds, and non-appropriated funds. In FY 2007, ASH received \$73.8 million in total funding. This represents an increase of \$6.4 million or 9.5% above FY 2006 levels. Of this amount, \$64.6 million or 87.5% was appropriated from the General Fund. The Arizona State Hospital Fund and the ASH Land Earnings Fund provided \$8.3 million and the remaining \$831,300 was non-appropriated funding.

Table 2 displays historical funding information for ASH using data from FY 2005 – FY 2007.

Each year ASH receives Disproportionate Share Hospital (DSH) Payments from the Arizona Health

Care Cost Containment System (AHCCCS) to offset the cost of serving a disproportionate share of low-income and Medicaid patients. In FY 2007, ASH received DSH Payments totaling \$28.5 million. This amount is unchanged since FY 2005. Although DSH Payments are deposited into the ASH Fund, only a portion of the Fund's balance is appropriated for use each year.

Since FY 2002, all counties were required to share part of the cost of the RTC Program and this revenue provided income for the ASH Fund. While Maricopa and Pima counties continue to pay 86% of their RTC costs, beginning in FY 2007 all other counties will be exempt from this cost-sharing. In FY 2006, the rural counties had paid 50% of these costs. Accordingly, the FY 2007 budget provides an increase of \$1.6 million from the General Fund and a \$(1.6) million decrease from the ASH Fund to address the anticipated decreasing ASH Fund revenues. Prior to FY 2002, the State paid the majority of the cost of the RTC program.

Additionally, due to the implementation of a separate Maricopa County RTC program in FY 2004, ASH has seen a lower RTC census and a corresponding decrease in receipts from Maricopa County. As can be seen in the chart below, between FY 2004 and FY 2005 RTC patient days from Maricopa County decreased from 12,720 to 2,242, an (82.4)% decrease in one year. This is especially important considering that patients from Maricopa County accounted for 62.3% of all RTC patient days in FY 2004. The FY 2007 budget

Table 2**ASH – Funding History**

<u>Fund</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>
GF	\$51,274,200	\$55,014,000	\$64,636,800
ASH ^{1/}	9,138,900	11,164,600	7,964,600
Land Earnings	177,500	350,000	350,000
Non-Appropriated	<u>973,700</u>	<u>831,300</u>	<u>831,300</u>
Total	\$61,564,300	\$67,359,900	\$73,782,700

^{1/} Includes payments received from the counties for cost-sharing of the RTC Program.

includes a \$1.6 million increase from the General Fund and a \$(1.6) million decrease from the ASH Fund to address these decreasing revenues.

Table 3 displays historical patient census data for RTC patients from each county using data from FY 2002 - FY 2006 measured in patient days.

Table 3					
Patient Days History by County for RTC Program by Fiscal Year					
	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
Apache	0	25	127	187	0
Cochise	23	195	368	439	420
Coconino	102	501	87	274	267
Gila	218	180	30	221	99
Graham	0	27	0	255	28
Greenlee	34	52	33	130	0
LaPaz	14	216	0	14	129
Maricopa	7,166	13,767	12,720	2,242	1,003
Mohave	85	133	641	414	421
Navajo	236	7	95	455	42
Pima	694	2,891	4,105	5,625	3,915
Pinal	233	805	725	1,826	2,337
Santa Cruz	261	51	465	43	40
Yavapai	330	741	673	603	1,680
Yuma	312	300	344	554	441
Total	9,708	19,891	20,413	13,282	10,822

Funding for the SVP Program is provided through a Special Line Item in the DHS budget. Of the total \$73 million appropriated for ASH, the SVP Program received \$10.7 million in FY 2007. This represents a 2.9% increase over FY 2006 levels and accounts for 14.7% of total FY 2007 ASH appropriated funding. In FY 2006, the SVP Program received \$10.4 million or 15.7% of total ASH appropriated funding. It is important to note

that SVP Program patients accounted for 32.7% of all patients at ASH in FY 2006.

Performance Measures

Although ASH has only one performance measure in the General Appropriation Act, numerous measures were included in the Master List of State Government Programs. Table 4 displays some these measures.

The majority of the performance measures tracked by ASH represent a count of the agency's outputs, such as patient days and the year-end census. To more precisely measure program effectiveness, the following additional measures which focus more on outcomes could be adopted:

- Re-offender rates for the SVP Program
- Re-institutionalization rates for the Adolescent Behavioral Health Facility (as well as how many adolescents are later readmitted as adults)
- Number of patients currently placed in community treatment programs and daily per patient costs of such programs (paid by the RBHAs under contract with DHS)
- Average lengths of stay at ASH or in community based housing for each of the treatment areas
- Average cost per individual discharged from ASH (either back into the community or to the proper law enforcement authority) for each treatment area calculated by the average length of stay times the daily cost of treatment
- Occurrence of patient complaints

Table 4			
Arizona State Hospital Performance Measures			
<u>Performance Measure</u>	<u>FY 2005 Actual</u>	<u>FY 2007 Estimate</u>	
<u>Clinical Support Services</u>			
Percent of staff turnover during the first 12 months of employment	15	25	
RN vacancy rate not to exceed regional average	30	25	
<u>Clinical and Program Services</u>			
Percent of Restoration to Competency adults discharged within 90 days of admission	65	65	
Seclusion incidents per 1,000 patient days	2.87	3.0	
Restraint incidents per 1,000 patient days	0.82	2.0	
Percent of adult civil clients successfully placed in the community who return for another stay within one year of discharge ^{1/}	6.4	6.4	
^{1/} Included in the General Appropriation Act			